## Allegheny Wesleyan College

## **Transcript Request Form**

In compliance with the Family Educational Rights and Privacy Act (FERPA)

Please complete all sections of this form. Transcripts are usually processed within 24 hours. However, there will be a delay in processing if request is received during the end of the semester and at graduation. Transcripts will not be released if there is an outstanding financial obligation to Allegheny Wesleyan College. If you have a question concerning your account, please contact the Business Office.

Number of transcripts requested: Cost is \$5.00 per transcript			
(A separate Transcript Requ	Please print)  iversity/Company)  (State)  (Date of Birth)		
If mailed: (Please print)			
(Name of University/Company)			
(Address)			
(City)	(State)		(Zip)
(Social Security Number)		(Date of Birth)	
(Current Last Name)	(First)		(Middle)
(Maiden/Former Names(s) while a	attending AWC)		
(Address)			
(City)	(State)		(Zip)
(Home Phone)	(0	Cell Phone)	
(Signature)			(Date)
Submit completed form to: (eit	her mail or fax; no e	-mails can	be accepted)
Office of the Registar 2161 Woodsdale Road Salem, OH 44460		Phone: Fax:	330.337.6403 330.337.6255